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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEETSubstitute for Form PTO-1360  
(For use with Form PTO/SB/06)Application Number  
**10825607**

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	1					
9	1					
10	2					
11	2					
12	2					
13	✓					
14	✓					
15	✓					
16	✓					
17	✓					
18	✓					
19	1					
20	2					
21	2					
22	2					
23	2					
24	2					
25	2					
26	2					
27	2					
28	✓					
29	2					
30	2					
31	2					
32	2					
33	1					
34	3					
35	1					
36	1					
37	1					
38	1		43			
39	1		44			
40	1		75			
41	1					
42	1					
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44	1					
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Total Indep			
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Total Claims			

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